



|  |  |  |
|--|--|--|
| <b><i>Index of Claims</i></b><br><br> | <b>Application/Control No.</b><br><br>10540969 | <b>Applicant(s)/Patent Under Reexamination</b><br><br>PASQUARELLA ET AL. |
|  | <b>Examiner</b><br><br>MELISSA J KOVAL         | <b>Art Unit</b><br><br>2862  |

|   |                 |   |                   |   |                     |   |                 |
|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | <b>Rejected</b> | - | <b>Cancelled</b>  | N | <b>Non-Elected</b>  | A | <b>Appeal</b>   |
| = | <b>Allowed</b>  | ÷ | <b>Restricted</b> | I | <b>Interference</b> | O | <b>Objected</b> |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          |            |            | <input type="checkbox"/> CPA |  |  |  | <input type="checkbox"/> T.D. |  |  |  | <input type="checkbox"/> R.1.47 |  |  |  |
|--|----------|------------|------------|------------------------------|--|--|--|-------------------------------|--|--|--|---------------------------------|--|--|--|
| CLAIM  |          | DATE       |            |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
| Final  | Original | 04/10/2009 | 07/28/2009 |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 1        | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 2        | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 3        | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 4        | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 5        | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 6        | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 7        | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 8        | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 9        | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 10       | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 11       | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 12       | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 13       | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 14       | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
| 1  | 15       | =          | =          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
| 11   | 16       | =          | =          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
| 12   | 17       | =          | =          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
| 13   | 18       | =          | =          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
| 14   | 19       | =          | =          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
| 15   | 20       | =          | =          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 21       | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 22       | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 23       | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 24       | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 25       | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 26       | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 27       | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 28       | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 29       | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 30       | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 31       | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
|  | 32       | -          | -          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
| 2  | 33       | =          | =          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
| 3  | 34       | =          | =          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
| 4  | 35       | =          | =          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |
| 5  | 36       | =          | =          |                              |  |  |  |                               |  |  |  |                                 |  |  |  |

|  |  |  |
|--|--|--|
| <b><i>Index of Claims</i></b><br><br> | <b>Application/Control No.</b><br><br>10540969 | <b>Applicant(s)/Patent Under Reexamination</b><br><br>PASQUARELLA ET AL. |
|  | <b>Examiner</b><br><br>MELISSA J KOVAL         | <b>Art Unit</b><br><br>2862  |

|   |                 |   |                   |   |                     |   |                 |
|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | <b>Rejected</b> | - | <b>Cancelled</b>  | N | <b>Non-Elected</b>  | A | <b>Appeal</b>   |
| = | <b>Allowed</b>  | ÷ | <b>Restricted</b> | I | <b>Interference</b> | O | <b>Objected</b> |

| <input type="checkbox"/> <b>Claims renumbered in the same order as presented by applicant</b> |          |            |            | <input type="checkbox"/> <b>CPA</b> |  | <input type="checkbox"/> <b>T.D.</b> |  | <input type="checkbox"/> <b>R.1.47</b> |  |
|---|----------|------------|------------|-------------------------------------|--|--------------------------------------|--|--|--|
| CLAIM   |          | DATE       |            |                                     |  |                                      |  |  |  |
| Final   | Original | 04/10/2009 | 07/28/2009 |                                     |  |                                      |  |  |  |
| 6   | 37       | =          | =          |                                     |  |                                      |  |  |  |
|   | 38       | -          | -          |                                     |  |                                      |  |  |  |
| 7   | 39       | =          | =          |                                     |  |                                      |  |  |  |
| 16  | 40       | =          | =          |                                     |  |                                      |  |  |  |
| 17  | 41       | =          | =          |                                     |  |                                      |  |  |  |
| 18  | 42       | =          | =          |                                     |  |                                      |  |  |  |
| 19  | 43       | =          | =          |                                     |  |                                      |  |  |  |
|   | 44       | -          | -          |                                     |  |                                      |  |  |  |
| 20  | 45       | =          | =          |                                     |  |                                      |  |  |  |
| 21  | 46       | =          | =          |                                     |  |                                      |  |  |  |
| 22  | 47       | =          | =          |                                     |  |                                      |  |  |  |
| 8   | 48       | =          | =          |                                     |  |                                      |  |  |  |
| 9   | 49       | =          | =          |                                     |  |                                      |  |  |  |
| 10  | 50       | =          | =          |                                     |  |                                      |  |  |  |